

CLIFF FERRY **STATE BOARD OF EDUCATION** **10**
Name (print) Office (if applicable) District (if applicable)
288 W. CEDAR ELKO, NV **775-738-3278**
Mailing Address (include city and zip code) Telephone No.
CLIFFERRY@RABBITBROWN.COM
E-Mail Address **2CAN93**

- ☐ **Report #1 — Due August 27, 2002**
Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002
Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002
BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

- ☒ **Report #2 Due — October 29, 2002**
Period: Aug. 23, 2002 — Oct. 24, 2002

- ☐ **Report #3 Due — January 15, 2003**
Period: Oct. 25, 2002 — Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCE

This figure should reflect the balance shown on your last Disposition of
Unspent Contributions Report, or last Contributions & Expenses Report, if any

CONTRIBUTIONS SUMMARY

"Contributor" means a gift, loan, conveyance, deposit, payment, transfer or distribution
of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions in excess of \$100 -0-
2. Total amount of monetary contributions of \$100 or less -0-
Actual number of monetary contributions of \$100 or less -0-
3. Interest and income earned on contributions, if any -0-
4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) -0-
5. Total amount of In Kind Contributions -0-

EXPENSES SUMMARY

6. Total amount of monetary expenses in excess of \$100 -0-
7. Total amount of monetary expenses of \$100 or less -0-
8. Expense for filing fee -0-
9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) -0-
Remaining Balance (Subtract line 9 from 4) -0-
10. Total amount of In Kind Expenses -0-

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Cliff FERRY
Signature

10/29/02
Date Executed On